


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90015 004 \*\*\*\*61.25

<b>DOCUMENT # 760806</b> 1. Entity Name <b>KALURNA KOTTAGES ASSOCIATION, INC.</b>					
Principal Place of Business <b>1808 KALURNA CT</b> <b>ORLANDO, FL 32806 US</b>			Mailing Address <b>1808 KALURNA CT</b> <b>ORLANDO, FL 32806 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>EVANS, VALERIE W</b> <b>1808 KALURNA CRT</b> <b>ORLANDO, FL 32806</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>NEWAY, DOUG</b>		NAME	<b>President/Director</b>	
STREET ADDRESS	<b>1809 KALURNA CRT</b>		STREET ADDRESS	<b>Brian Giessuebel</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>		CITY-ST-ZIP	<b>1812 Kalurna Court</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, LYNN</b>		NAME	<b>same VPD</b>	
STREET ADDRESS	<b>1804 KALURNA COURT</b>		STREET ADDRESS	<b>Lynn Brown</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>		CITY-ST-ZIP	<b>1804 Kalurna Court</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EVANS, VALERIE</b>		NAME	<b>Secretary-Treasurer/Director</b>	
STREET ADDRESS	<b>1808 KALURNA CRT</b>		STREET ADDRESS	<b>Valerie Evans</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>		CITY-ST-ZIP	<b>1808 Kalurna Court</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Valerie M. Evans</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Feb. 17, 2008</u> <u>407-841-5057</u> <small>Date Daytime Phone #</small>		